

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DAH	989	7/10
O.I.P.E. CLASSIFIER	KSD		
FORMALITY REVIEW	JM	72223	4/5/90
RESPONSE FORMALITY REVIEW	SR	676	6-14-00
	MD	JCR	10/31/90
			10/30/90

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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